· 1040	U.S.	Individual Incom	e Tax Retur	n⊓ 2 01 6	OMB	lo. 1545-0074	IRS Use (Only-Do not write	or staple in this space).
		6, or other tax year beginning		, 2016, ending		, 20	S	See separate i	nstructions.	
Your first name and in			Last name	-			Y	our social securi	ity number	
SUNIL			MATURI					038-37	7-5329	
If a joint return, spous	e's first na	me and initial	Last name				s	pouse's social se		
JAHNAVI			AMARA					Applied	l For	
Home address (numb	er and stre	et).				Apt. n			e the SSN(s) abo	ove
201 S HI	IGH I	POINT RD				201	_	and on li	ne 6c are correc	t.
		nd ZIP code. If you have a foreign ac	dress, also complete spa	aces below (see instructi	ons).			Presidential I	Election Campaign	
MADISON			WI	5	3717				or your spouse if filing	
Foreign country name)		Foreign p	rovince/state/county		Foreign postal cod	de a	box below will not	o to this fund. Checki t change your tax or	ng
							re	efund.	You Spo	use
Filing 1	Single	•				old (with qualifying				
Status 2	∐ Marrie	ed filing jointly (even if only o	one had income)		qualifying pe d's name her	rson is a child but r e.	not your a	ependent, enter tr	iis	
Check only one 3	Married	filing separately. Enter spouse's SSN	N above	-						
box.	and full	name here.		5 Qu	alifying w	idow(er) with d	lepende	ent child		
Exemptions	6a	X Yourself. If someone c	an claim you as a	dependent, do no	t check be	ox 6a		}	Boxes checked on 6a and 6b	2
_xcmptions	b	X Spouse		.				<u> </u>	No. of children	
	С	Dependents:		(2) Dependent's	,	3) Dependent's	age	Chk if child under 17 qualifying	on 6c who: lived with you	
<u>(1</u>	1) First nan	ne Last name	1	social security numbe	r re	lationship to you	for (child tax credit ee instructions)	did not live with	
If more than form									you due to divorce or separation	
If more than four dependents, see									(see instructions)	_
instructions and									Dependents on 6c not entered above	
check here ►									Add numbers on lines	_
	d	Total number of exemption							above >	2
Income	7	Wages, salaries, tips, etc.	` '					. 7	49,89	14
	8a	Taxable interest. Attach S	·		1 1		• • •	. 8a		
Attach Form(s)	b	Tax-exempt interest. Do r			8b					
W-2 here. Also	9a	Ordinary dividends. Attach			01-			. 9a		
attach Forms W-2G and	b 40	Qualified dividends			9b			40		
1099-R if tax	10	Taxable refunds, credits, o					• • •	. 10		
was withheld.	11 12	Alimony received						. 11		
	13	Business income or (loss). Attach Schedule C or C-EZ						13		
If you did not	14	Other gains or (losses). A			ieu, crieck	Tiele		. 14		
get a W-2, see instructions.	15a	IRA distributions	. 15a		h Tavah	ole amount .		. 15b		
see msi ucions.	16a	Pensions and annuities .			1	ole amount .	• • •	. 16b		
	17	Rental real estate, royalties		ornorations trusts]		• • •	. 17		
	18	Farm income or (loss). At		•						
	19	Unemployment compensati								
	20a	Social security benefits .	1 1		1	ole amount .				
	21	Other income			J			21		
	22	Combine the amounts in the fa			is your tota	al income		22	49,89	94
A 315- 4 - 5	23	Educator expenses			23				,	
Adjusted Gross	24	Certain business expenses of	reservists, performing	artists, and						
		fee-basis government officials	. Attach Form 2106 or	2106-EZ	24					
Income	25	Health savings account de	duction. Attach Forr	n 8889	25					
	26	Moving expenses. Attach	Form 3903		26					
	27	Deductible part of self-emp	oloyment tax. Attach	Schedule SE .	27					
	28	Self-employed SEP, SIMPL	_E, and qualified pla	ans	28					
	29	Self-employed health insura	ance deduction		29					
	30	Penalty on early withdrawa	ŭ		30					
	31a	Alimony paid b Recipient			31a					
	32	IRA deduction			32					
	33	Student loan interest deduc								
	34	Tuition and fees. Attach Fo								
	35	Domestic production activit		th Form 8903 .	35					
	36	Add lines 23 through 35						. 36		

37

Form 1040 (2016	S) SUI	NIL MATURI & JAHNAVI AMARA	038	-37-5329 Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	. 38	49,894
Credits	39a	Check f You were born before January 2, 1952, Blind. \) Total boxes		
Credits		if: Spouse was born before January 2, 1952, Blind. checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b		
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
for -	41	Subtract line 40 from line 38		37,294
People who	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	29,194
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	3,449
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	. 45	,
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962		
instructions.	47	Add lines 44, 45, and 46	47	3,449
•All others:	48	Foreign tax credit. Attach Form 1116 if required		- ,
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49	_	
separately,	50	Education credits from Form 8863, line 19	_	
\$6,300 Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or	52	Child tax credit. Attach Schedule 8812, if required 52		
Qualifying widow(er),	53	Residential energy credit. Attach Form 5695 53		
\$12,600	54	Other credits from Form: a 3800 b 8801 c 54		
Head of household,	55	Add lines 48 through 54. These are your total credits	. 55	
\$9,300	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,449
-	57	Self-employment tax. Attach Schedule SE	. 57	3 / 1 1 2
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919		
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
TUXOO		Household employment taxes from Schedule H		
		First-time homebuyer credit repayment. Attach Form 5405 if required		
	61	Health care: individual responsibility (see instructions) Full-year coverage X		
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	3,449
Day	64	Federal income tax withheld from Forms W-2 and 1099 64 8 , 684	0.5	3,447
Payments	65	2016 estimated tax payments and amount applied from 2015 return 65	\dashv	
If you have a	66a	Earned income credit (EIC) 66a	\dashv	NO
qualifying child, attach	b	Nontaxable combat pay election 66b	\dashv	110
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67	-	
	68	American opportunity credit from Form 8863, line 8 68	\dashv	
	69	Net premium tax credit. Attach Form 8962 69	-	
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld		
	72	Credit for federal tax on fuels. Attach Form 4136	\dashv	
	73	Credits from Form: a 2439 b Reserved c 8885 d 73	\dashv	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	8,684
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,235
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ►	76a	5,235
Direct deposit?	► h	Routing number 0 7 5 0 0 0 0 1 9 ▶c Type: X Checking Savings	7.00	3/233
See	► d	Account number 8 1 6 7 0 7 1 8 1		
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax > 77		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
You Owe	79	Estimated tax penalty (see instructions)		
Third Party			es. Con	nplete below. X No
Designee	Design name	nee's Phone Personal ident		▶
	Under p	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief,		
Sign		ely list all amount and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which ignature Your occupation	preparer has	any knowledge. Daytime phone number
Here		SOFTWARE ENGINE	FR	,
Joint return? See instructions.	Spous	e's signature. If a joint return, both must sign. Date Spouse's occupation		Identity Protection PIN (see inst.)
Keep a copy for your records.		HOME MAKER		
,	Prepa	rer's signature Date Chec	k if	PTIN
	., ~		` " mployed	
Paid	Print/T	Type preparer's name	,	
Preparer	Firm's		s EIN 🕨	•
Use Only		address •		
	3		ne no	

Form W-7

(Rev. September 2016)
Department of the Treasury
Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

Foreign (non- U.S.) address (if different from above) (see instructions) Birth information Other information Other information Ga Country(ies) of citizenship INDIA Gd Identification document(s) submitted (see instructions) Birth Ge Have you previously received an ITIN or an Internal Revenue Service Number (see instructions). MADISON WI 53717 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. City or town, state or province, and country. Include ZIP code or postal code where appropriate. City and state or province (optional) 5 Male 1NDIA 6c Type of U.S. visa (if any), number, and expiration date H4 L7476487 04-19-203 Gd Identification document(s) submitted (see instructions) Date of entry into the United States Inc. Date of entry into the United States (IMM/DD/YYYYY): The Very Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).	An IRS individual tax	cpayer identification number (ITIN	V) is for federal	tax purpo	ses only.		Application To	vne (Chook one	hox).	
General an TRM doesn't change your immigration satus or your right to work in the United States and doesn't make you eligible for the earmed income credit.	Before you begin:						Application Ty	/pe (Grieck one	DUX).	
and depart make you eligible for the earned income credit. Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). In Monresident alien required to get an ITN to claim tax retay benefit In Nonresident alien filing a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). In Nonresident alien filing a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). In Nonresident alien filing a U.S. federal tax return or claiming an exception. In Port and the Spouse of U.S. citizen/resident alien (see instructions). In Nonresident alien subdant, professor, or researcher filing a U.S. federal tax return or claiming an exception. In Nonresident alien subdant, professor, or researcher filing a U.S. federal tax return or claiming an exception. In Nonresident alien subdant, professor, or researcher filing a U.S. federal tax return or claiming an exception. In Nonresident alien subdant, professor, or researcher filing a U.S. federal tax return or claiming an exception. In Nonresident alien subdant, professor, or researcher filing a U.S. federal tax return or claiming an exception. In Nonresident alien subdant, professor, professor filing a U.S. federal tax return or claiming an exception. In Nonresident alien subdant filing a U.S. federal tax return or claiming an exception. In Nonresident alien subdant filing a U.S. federal tax return or claiming an exception. In Nonresident alien filing a U.S. federal tax return or claiming an exception. In Nonresident alien filing a U.S. federal tax return or claiming an exception. In Nonresident alien filing a U.S. federal tax return or claiming an exception. In Nonresident alien filing a U.S. federal tax return or claiming an exception. In Nonresident alien filing a U.S. federal tax return or claiming an except	• Don't submit this t	orm if you have, or are eligible to g	et, a U.S. social	l security nu	ımber (SSN).					
Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you stifl e a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a	Getting an ITIN doe	esn't change your immigration statu	ıs or your right to	o work in th	e United States		Renew an Existing ITIN			
must file a U.S. fedderal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a										
a									g, you	
b	must file a U.S. fed	leral tax return with Form W-7	7 unless you	meet one	of the exception	ı s (see	instructions).			
d	a Nonresident al	ien required to get an ITIN to claim	tax treaty benefi	it						
d	b Nonresident al	ien filing a U.S. federal tax retum								
e	c U.S. resident a									
Special content alien student, professor, or researcher filing a U.S. visa		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
Dependent/spouse of a norresident alien holding a U.S visa	_ '								<u> 29 </u>	
City or town, state or province, and country. Include ZiP code or postal code where appropriate.			-	deral tax ret	tum or claiming an e	xception				
Name (see instructions) Name (see instructions) Name at birth if different			a U.S visa							
Name Speciment	h U Other (see inst	ructions) ►								
Name (see instructions) Name at birth if different	Additional info				and treaty a					
the First name Middle name	Name		Mi	iddle name						
Applicant's mailing address 2 Street address, apartment number, or nural route number. If you have a P.O. box, see separate instructions. 201 S HIGH POINT RD APT 201 City or town, state or province, and country. Include 2IP code or postal code where appropriate. MADISON WI 53717 3 Street address, apartment number, or nural route number. Don't use a P.O. box number. U.S.) address (if different from above) (see instructions) Birth information Other InDIA 6a Country(se) of citizenship 6b Foreign tax I.D. number (if any) Foreign tax I.D. number (if any) Foreign (any) Foreign (non- U.S.) address (if different from above) (see instructions) Birth Information Other INDIA 6a Country(se) of citizenship 6b Foreign tax I.D. number (if any) Fore of U.S. visa (if any), number, and experiation date I.D. number (if any) Foreign tax										
Applicant's mailing address 201 S HIGH POINT RD APT 201 City or town, state or province, and country. Include ZIP code or postal code where appropriate. MADISON WI 53717	Name at birth if	1b First name	Mi	iddle name		La	st name			
Applicant's mailing address 201 S HIGH POINT RD APT 201	different ▶									
MADISON WI 53717	Applicant's		-		. box, see separate instru	uctions.				
MADISON WI 53717										
Sign Court	3									
City or town, state or province, and country. Include ZIP code or postal code where appropriate. above)										
City or town, state or province, and country. Include ZIP code or postal code where appropriate.		3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
Sign No/Don't know. Skip line 6f. The remains First name Middle name Last name		City or town state or province and source	tor Include ZID code	ar pastal sada						
Date of birth (month / day / year) Country of birth City and state or province (optional) 5	above)	City or town, state or province, and count	iry. Include ZIP code	or postar code	where appropriate.					
Information Other information Other information Sa Country(ies) of citizenship		4 Date of birth (month / day / year)	Country of hirth		City and state or pro	winco (ontic	anal)			
Ga Country(les) of citizenship Gb Foreign tax I.D. number (if any) Gc Type of U.S. visa (if any), number, and expiration date INDIA			,		Oity and state of pro	ovince (optic	oriai)	_		
Other information INDIA	illiorillation			D. number (if any) 6c. Type of U.S. visa (fany) number and		9	
Get Identification document(s) submitted (see instructions) Passport Driver's license/State I.D. Date of entry into the United States I.D. Date (month / day / year) Date (month / day / year) Passport Driver's license/State I.D. Date (month / day / year) Privale of Entry into the United States I.D. Date (month / day / year) Privale	Other		ob Foreign tax 1.D.	number (ii arry					201	
USCIS documentation	information		 e instructions)	- √				04-19-	-201	
Issued by: INDIA No: N5242458 Exp. date: 11-30-2025 (MM/DD/YYYY): 11-24-2016				<u>∠V</u> r	-assport					
Sign				. Evr	1_1_3	the United States				
No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN										
Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ITIN IRSN IRSN IRSN IRSN IRSN IRSN IRSN IR										
First name										
Name of delegate, if applicable (type or print) Signature Date (month / day / year) Phone		N							and	
First name Middle name Last name 6g Name of college/university or company (see instructions) City and state Length of stay Sign Here Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Signature of applicant (if delegate, see instructions) Name of delegate, if applicable (type or print) Delegate's relationship to applicant Date (month / day / year) Parent Court-appointed guardian power of Attorney Phone Fax Name and title (type or print) Name of company EIN PTIN										
City and state Length of stay Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Signature of applicant (if delegate, see instructions) Date (month / day / year) Parent Court-appointed guardian Power of Attorney Acceptance Agent's Use ONLY Name and title (type or print) Name of company EIN PTIN		name under which it was issued	First n	name	Middle nai	me	L	ast name	_	
City and state Length of stay Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Signature of applicant (if delegate, see instructions) Name of delegate, if applicable (type or print) Delegate's relationship to applicant Delegate's relationship to applicant Power of Attorney Phone Fax Name and title (type or print) Name of company EIN PTIN		6a Name of college/university or company (see instructions)								
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Parent Court-appointed guardian power of Attorney Phone Fax Name and title (type or print) Name of company EIN PTIN										
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information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Signature of applicant (if delegate, see instructions) Name of delegate, if applicable (type or print) Delegate's relationship to applicant Parent Court-appointed guardian power of Attorney Phone Phone Fax Name and title (type or print) Name of company EIN PTIN										
Keep a copy for your records. Acceptance Agent's Use ONLY Name of delegate, if applicable (type or print) Name of delegate, if applicable (type or print) Delegate's relationship to applicant Date (month / day / year) Phone Fax Phone Fax PTIN	i ici c									
your records. Acceptance Agent's Use ONLY Value of Company Ito applicant Ito applicant		Signature of applicant (if delegate, see	Da	Date (month / day / year)		Phone number				
your records. Acceptance Agent's Use ONLY Value of Company Value of Attorney Value of Company Valu										
your records. Acceptance Agent's Use ONLY Value of Company Value of Attorney Value of Company Valu										
Acceptance Agent's Use ONLY Signature Date (month / day / year) Phone	Keep a copy for	Name of delegate, if applicable (type of	or print)			N \square	Parent Court-appointed guardian			
Acceptance Agent's Use ONLY Signature Date (month / day / year) Phone Fax Pax PTIN		·								
Acceptance Agent's Use ONLY Name and title (type or print) Name of company EIN PTIN	A	Signature	Date (month / day / year)			·				
Agent's Use ONLY Name and title (type or print) Name of company EIN PTIN	-	7								
USE ONLY		Name and title (type or print)		Name of company EIN						
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